

SOCIAL SECURITY NUMBER

Schedule DI Dependent Information Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 40 or Form 1-NR/PY, lines 16, 17 or 45. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

2. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

3. FIRST NAME	M.I.	LAST NAME
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	
	<input checked="" type="radio"/> Yes	

4. FIRST NAME M.I. LAST NAME
RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
Yes

5. FIRST NAME M.I. LAST NAME
RELATIONSHIP TO TAXPAYER IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?
Yes

6. FIRST NAME										M.I.										LAST NAME									
(SUBJECT TO CHANGE)																													
RELATIONSHIP TO TAXPAYER															IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?														
															▶ <input type="radio"/> Yes														

7. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER												IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?									
												▶ <input type="radio"/> Yes									

8. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER										IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?											
										▶ <input type="radio"/> Yes											

9. FIRST NAME										M.I.		LAST NAME											
RELATIONSHIP TO TAXPAYER												IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?											
												▶ <input type="radio"/> Yes											

10. FIRST NAME										M.I.		LAST NAME									
RELATIONSHIP TO TAXPAYER												IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?									
												<input checked="" type="radio"/> Yes									

1. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

2. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

3. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

4. SOCIAL SECURITY NUMBER

			-		-			
--	--	--	---	--	---	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

5. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

0	0	8				
---	---	---	--	--	--	--

6. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

7. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

8. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

9. SOCIAL SECURITY NUMBER

--	--	--	--	--	--	--	--	--

DATE OF BIRTH

M	M	D	D	Y	Y	Y	Y
---	---	---	---	---	---	---	---

10. SOCIAL SECURITY NUMBER

DATE OF BIRTH

M

M

D

D

Y

Y

Y

Y